

<i>SERFF Tracking Number:</i>	<i>RDWS-126452613</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Loyal American Life Insurance Co.</i>	<i>State Tracking Number:</i>	<i>44546</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H07I Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07I.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Loyal American L-4329 rate increase</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Loyal American Life Insurance Co.		
Product Name: Loyal American L-4329 rate increase	SERFF Tr Num: RDWS-126452613	State: Arkansas
TOI: H07I Individual Health - Specified Disease - Limited Benefit	SERFF Status: Closed-Approved- Closed	State Tr Num: 44546
Sub-TOI: H07I.002A Dread Disease - Cancer Only	Co Tr Num:	State Status: Approved-Closed
Filing Type: Rate	Reviewer(s): Rosalind Minor	
	Authors: Eddie Mire, Judy Tait	Disposition Date: 01/15/2010
	Date Submitted: 01/12/2010	Disposition Status: Approved-Closed
Implementation Date Requested: 04/01/2010		Implementation Date:
State Filing Description:		

## General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact: 35%	Group Market Type:
Filing Status Changed: 01/15/2010	Explanation for Other Group Market Type:
	State Status Changed: 01/15/2010
Deemer Date:	Created By: Judy Tait
Submitted By: Judy Tait	Corresponding Filing Tracking Number:
Filing Description:	
Loyal American Life Insurance Co.	
Rate Increase for Policy Form L-4329 (individual cancer expense form) and Associated Riders as follows: L-4356, L-4357, L-4358, L-4436, L-4437 and L-4438	

## Company and Contact

SERFF Tracking Number: RDWS-126452613 State: Arkansas  
 Filing Company: Loyal American Life Insurance Co. State Tracking Number: 44546  
 Company Tracking Number:  
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only  
 Product Name: Loyal American L-4329 rate increase  
 Project Name/Number: /

### Filing Contact Information

Judy Tait, Admin jttait@ruddwisdom.com  
 Rudd and Wisdom, Inc. 512-346-1590 [Phone]  
 9500 Arboretum Blvd 512-345-7437 [FAX]  
 Suite 200  
 Austin, TX 78759

### Filing Company Information

(This filing was made by a third party - ruddandwisdominc)

Loyal American Life Insurance Co.	CoCode: 65722	State of Domicile: Ohio
5508 Parkcrest Drive	Group Code:	Company Type: LAH
Austin, TX 78755	Group Name:	State ID Number:
(800) 663-6752 ext. [Phone]	FEIN Number: 63-0343428	

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### Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 rate filing fee
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Loyal American Life Insurance Co.	\$50.00	01/12/2010	33479905

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/15/2010	01/15/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	01/14/2010	01/14/2010	Judy Tait	01/15/2010	01/15/2010

<i>SERFF Tracking Number:</i>	<i>RDWS-126452613</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 01/15/2010

Implementation Date:

Status: Approved-Closed

Comment:

We have approved your request of a 15% level rate increase on this submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>
Loyal American Life Insurance Co.	35.000%	35.000%	\$821,223	5,145	\$2,346,352	%	%

SERFF Tracking Number:	RDWS-126452613	State:	Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Third party authorization	Approved-Closed	Yes
Rate	Projected rate increase	Approved-Closed	No

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 01/14/2010  
Submitted Date 01/14/2010  
Respond By Date  
Dear Judy Tait,

This will acknowledge receipt of the captioned filing.

Objection 1  
- Health - Actuarial Justification (Supporting Document)

Comment:

Our Department has been working with insurance companies on the rate increases which they are submitting to our Department.

The majority of the companies have been filing rate increases in excess of 15% on cancer/specified disease policies and other limited benefit policies. Our Department is requesting that the companies consider no more than a 15% increase due to the impact that an increase would have on the insureds during this difficult economic time.

If you accept the 15%, please provide a revised actuarial memorandum along with the adjusted rates.

We appreciated your understanding and cooperation.

Please feel free to contact me if you have questions.

Sincerely,  
Rosalind Minor

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 01/15/2010  
Submitted Date 01/15/2010

Dear Rosalind Minor,

SERFF Tracking Number: RDWS-126452613 State: Arkansas  
Filing Company: Loyal American Life Insurance Co. State Tracking Number: 44546  
Company Tracking Number:  
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only  
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**Comments:**

Thank you for your consideration of this filing.

**Response 1**

Comments: The company is agreeable to the 15% increase. We have attached a new actuarial memorandum and rates reflecting the 15% increase.

**Related Objection 1**

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Our Department has been working with insurance companies on the rate increases which they are submitting to our Department.

The majority of the companies have been filing rate increases in excess of 15% on cancer/specified disease policies and other limited benefit policies. Our Department is requesting that the companies consider no more than a 15% increase due to the impact that an increase would have on the insureds during this difficult economic time.

If you accept the 15%, please provide a revised actuarial memorandum along with the adjusted rates.

We appreciated your understanding and cooperation.

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Health - Actuarial Justification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please let us know if you have additional questions.

Sincerely,

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<b>Eddie Mire, Judy Tait</b>			



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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	35.000%
<b>Effective Date of Last Rate Revision:</b>	06/01/2007
<b>Filing Method of Last Filing:</b>	SERFF

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Loyal American Life Insurance Co.	35.000%	35.000%	\$821,223	5,145	\$2,346,352	%	%

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b>		
	Approved-Closed	01/15/2010
<b>Comments:</b>		
<b>Attachment:</b>		
Third party authorization.pdf		



United Teacher Associates Insurance Company  
Loyal American Life Insurance Company  
P.O. Box 26580  
Austin, Texas 78755  
(512) 451-2224

Our subsidiaries include: Great American Life Insurance Company<sup>\*</sup>  
Annuity Investors Life Insurance Company<sup>\*</sup>  
Loyal American Life Insurance Company<sup>alt</sup>  
United Teacher Associates Insurance Company  
Great American Life Assurance Company<sup>\*</sup> of Puerto Rico

October 30, 2008

To Whom It May Concern:

Pursuant to Sections 5.1 of the both the Existing and New Business Coinsurance Agreements by and between Loyal American Insurance Life Insurance Company, an Ohio insurance company ("Ceding Company") and Homeshield Insurance Company, an Oklahoma insurance company ("Reinsurer") that states the Reinsurer has authority to determine rate increases on all contracts this letter is to certify that Rudd and Wisdom, Inc., Consulting Actuaries, is authorized to file rate modifications on existing policy forms covered by the agreements referenced above with state insurance departments on behalf of Loyal American Insurance Life Insurance Company

Paul A. Swent  
Signature

Paul A. Swent  
Printed Name

EVP & CFO  
Title